MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
10-617-270	07-10-03

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND	DEP
1	1						51			1					
2		1					52			1					
3		1					53			1					
4		1					54			1					
5		1					55			1					
6		1					56			1					
7		1					57	1							
8		1					58	1							
9		1					59	1							
10		1					60								
11		1					61								
12		1					62								
13		1					63								
14		1					64								
15		1					65								
16		1					66								
17		1					67								
18		2					68								
19		1					69								
20		1					70								
21		1					71								
22		1					72								
23		1					73								
24		1					74								
25		1					75								
26		1					76								
27		1					77								
28		1					78								
29		1					79								
30		2					80								
31		2					81								
32	1						82								
33	1						83								
34		1					84								
35		1					85								
36		1					86								
37		1					87								
38		1					88								
39		1					89								
40		1					90								
41		1					91								
42		1					92								
43		7					93								
44		7					94								
45		7					95								
46	1						96								
47	1						97								
48		1					98								
49		1					99								
50		1					100								
TOTAL IND.							TOTAL IND.	8							
TOTAL DEP.							TOTAL DEP.	72							
TOTAL CLAIMS							TOTAL CLAIMS	80							